



**Montana Department of Public Health and Human Services
Child and Adult Care Food Program**

REQUEST FOR SPECIFIC PRIOR WRITTEN APPROVAL [SPWA]

As applicable to:

Contracted Labor; Maintenance and/or Service Agreement(s); Contractual and/or Consulting Service(s) (including accounting and software); Facility, Equipment and Vehicle Depreciation Schedule(s); Leases or Purchases of equipment, furniture, or vehicles in excess of \$5000.00, subject to procurement standards; and Overtime other than that approved with FY12 renewal.

Name of Sponsoring Organization _____

Budget Line Item: _____

Total Cost \$_____

Item or Service: _____

Total from CACFP \$_____

Justification/Description/Purpose/Use:

This request for approval is required by USDA Food and Nutrition Services Guidance 796-2 Rev.3 and does not constitute a State supervisory role of the Sponsorship or it's employees, or establish an employee/ employer relationship between the Department and the Contractor, or the Contractor's employees.

Signature of Sponsor's Authorized Representative

Date

Approved by State agency: _____

Date